Voucher prepared at THE UNITED STATES, DO TO	(Department,	(Give place and date) ee's Account No (Payee)	(State)			ID BY OF 2 AMOUNT Dollars
THE UNITED STATES, DE To	(Address) (Enter description schedule, and Discount Terms	(Give place and date) ee's Account No (Payee) (City) ARTICLES OR SERVICES, Item number of contract	(State)		LOPY DESCRIPTION OF THE PRICE	Dollars
THE UNITED STATES, DE To	(Address) (Enter description schedule, and Discount Terms	(Give place and date) ee's Account No (Payee) (City) ARTICLES OR SERVICES, Item number of contract	(State)		LOPY DESCRIPTION OF THE PRICE	Dollars
No. and Date of Order Date of Deli or Service PAYMENT: Complete	(Address) ivery (Enter description schedule, and Discount Terms	(Payee) (City) ARTICLES OR SERVICES, Item number of contract	(State)			Dollars
No. and Date of Order Date of Deli or Service PAYMENT: Complete	(Address) ivery (Enter description schedule, and Discount Terms	(City) ARTICLES OR SERVICES, Item number of contract	(State)			Dollars
No. and Date of Order PAYMENT: Complete Partial Final Final Partial Partia	(Address) ivery (Enter description schedule, and Discount Terms	(City) ARTICLES OR SERVICES, Item number of contract	(State)			Dollars
Order or Service PAYMENT: Complete	very (Enter description schedule, and Discount Terms	(City) ARTICLES OR SERVICES , item number of contract	(State)			Dollars
Order or Service PAYMENT: Complete	(Enter description schedule, and Discount Terms	, item number of contract	or Federal supply	QUANTITY -		Dollars
PAYMENT: Complete	Discount Terms	ocher mormation deeme	n necessary)		Cost Per	
Complete Partial Final	Cost					
Complete Partial Final						366.
Shipped from	Lien	continuation sheet(s) if nece	I BO WE			
	to		Government B/L No		Total	366.
certify that the above bill is c	correct and just and that pay	ment has not been received	. (P	ayee must NOT	use this space)	
STATOTHR	(Sign original only)	٠.	Differ			
= l= C l= 0						
Date 5/16/58 *Paves	to not required whon a li	ce certificate is made by payee on attach	ed bill or bills)			3 7//
Per	Title			nount verified; consture or initia	correct for	366
Contract No. A-101	Date	Reg. No.		Date	Invoice Rec'o	l.
ursuant to authority vested in	me, I certify that this accour	at is correct and proper for	payment.			
Approved for \$			†		d Certifying Officer)	
у		SIGN Original			, - ,	
у		ONLY	litie		*********	
itle						
THE REVERSE	OF THIS FORM MUST BE EXECUTED	WHEN PURCHASES ARE MADE OF	R SERVICES SECURED WIT	CHOUT WRITTEN AG		
10	COUNTING OF ASSISTEDATION	ON (Appropriation Symbo	must be shown of	ther classification		

STATOTHR

Approved For Release 2002/06/10 : CIA RDP64-00360R000600020103-0-ACCOUNTS PAYABLE THE RAMO-WOOLDRIDGE CORPORATION WEEKLY DET DISTR
COST CENTER CHARGE DISTRIBUTION 5/12/58 FORM STL - 660 Tax Class Cost Element TR. PAYMENT DATE NET AMOUNT Vendor INVOICE PURCHASE CHECK Number AMOUNT No. Mo. Day Yr. NUMBER Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020103-0